ARIZONA DEPARTMENT OF WATER RESOURCES OFFICE OF ASSURED AND ADEQUATE WATER SUPPLY

3550 NORTH CENTRAL AVENUE, 2nd FLOOR PHOENIX, ARIZONA 85012

(602) 771-8599 Fax: (602) 771-8689

DATE
RECEIVED

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AFI		-		/IV	INC	,

708(C).

1. Name of Subdivision:				
2. Applicant:				
Phone:	Fax:	E-ı	mail:	
Address:				
3. Contact person				
Phone:	none:Fax:E-mail:		mail:	
Address:				
If there is more than	e subdivision. Township one township and range, please	list them on a separ	ate page and refe	erence as an attachment.
5. Please check the follo	wing as appropriate and include	attachments as neo	cessary:	
For an R-12-15-704	.J Exemption:			
☐ This application	is for a subset of a subdivision.			
And either: ☐ A plat fo	or this subdivision was recorded	prior to 1980. Date	of recordation:	
☐ A certifion (Please) And <u>both</u> of the follo	cate of assured water supply wa attach a copy of the certificate.) wing are true:	s issued for this sub Certificate No.:	division before Fe	ebruary 7, 1995.
☐ There have bee	n NO changes to the subdivision	's plat since Februa	ry 7, 1995.	
☐ Water lines are	in place and there is water servi	ce to each lot.		
For an R-12-15-704	.K Exemption, ALL of the follo	wing are true:		
☐ There is a new o	owner of the subdivision.			
	cate of Assured Water Supply I ficate.) Certificate No.:			
☐ There are no n	naterial changes to the plat for	which the certifica	ite was issued, a	according to A.A.C. R12-15-

☐ Water lines are in place and there is water service to each lot.

☐ The plat has been recorded. Date of recordation:____

6.	Number of lots covered by this application
7.	Please attach a copy of the current plat of the subdivision and provide a list of the lots for which you are requesting this exemption. Attachment:
8.	Attach a letter from the water provider verifying that all water lines are in place and that water service is available to each lot (REQUIRED for both 704J and 704K exemptions). Attachment:
FE	<u>EES:</u>
Ap All diff par be min no arr for to Re	poplication is \$1,000. Total fees for this application are based upon an hourly billable rate, which can be found on the DWR web site @www.azwater.gov. If the costs of reviewing your application exceed \$1,000, you will be invoiced for the ference, up to a maximum total fee of \$10,000. Payment may be made by cash, check, or credit card (if you wish to be your your population exceed \$1,000, you will be invoiced for the ference, up to a maximum total fee of \$10,000. Payment may be made by cash, check, or credit card (if you wish to be your your your your your your your application and the actual cost, check, or credit card (if you wish to any your your your your your your your you
IN	ITIAL FEE DUE: \$1000.00
1 0	OO HEREBY certify the information contained in this application and all information accompanying it is true and correct to the best of my knowledge and belief.
Pr	inted Name and Title of Applicant:
Si	gnature of Applicant:Date
	D YOU REMEMBER?
	completely fill out the application form?
	o include copies of plat?
	o include all documents referenced in the application? The have application signed by each applicant or an authorized agent for each applicant and include proof of the
	thorization?